PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application of Doctor Mumber /		
APPI	.ED - PART I (Cc	otumn 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR . NUMBER FILED		NUMB	ER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (S)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				1		1		•
SEARCH FEE (37 CFR 1.18(N), (f), or (m))						1		
EXAMINATION FEE				 		1		
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS	 			l	 	┨	<u> </u>	
(37 CFR 1.16(i)) INDEPENDENT CLAIMS	minus	20 = 1		X -		OR	X -	
(37 CFR 1.16(h))		minus 3 = * If the specification and drawings exceed 100		x =	<u></u>		x -	
APPLICATION SIZE FEE (37 CFR 1.16(s)) additional 50 sheets or fraction of 35 U.S.C. 41(a)(1)(G) and 37 Ci			ize fee due each ereof. See					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I))								
* If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II 9.28 75 (Column 1) (Column 2) (Column 3)				SMALL	SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
E AN	CLAIMS EMAINING AFTER KENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (8)	ADDI- TIONAL FEE (\$)
☐ Total (17 CFR 1.160))	6 Minus	30	0	х =		OR	х =	
Independent * CIT CFR 1.16(h))	Minus	1-05	·A	x =		OR	х =	
Application Size Fee			1 ~~~					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@)								
			TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)								
1 2 00 RI	CLAIMS EMAINING AFTER IENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
Z \\V AM	/// Minus	20	- /	x =		OR	x =	. == (0)
(37 CFR 1.16(1)) Independent (37 CFR 1.16(1)) Application Size Fee	3 Minus	-5	= /	x .	†	1	x •	
Application Size Fee (37 CFR 1.16(s))				l È - 		OR	<u> </u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)						OR		
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".								

The Tighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form anti/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.